

LAW ENFORCEMENT TERRORISM PREVENTION PROGRAM (LETP) - 2005
INITIAL STRATEGY AND PROCUREMENT FORM (ISPF)

Date of Original: _____

Date of Revision: _____

1. Legal Agency Name _____
(Agency Awarded the grant)

2. Legal Jurisdiction Name _____
(Agency receiving equipment etc.)

3. Person preparing this form _____

4. E-mail address _____ **Phone number** _____

5. State Homeland Security Strategy

For this section, use the goals and objectives listed in the Commonwealth of Virginia State Strategy (CVSS). You do not need to write out the goals and objectives, simply list the number of the goal or objective listed in the CVSS.

List the number of your Primary Goal from the Commonwealth of VA State Strategy

Primary Goal _____

Primary Objective _____
(list the objective supporting the goal identified above. Report by the objective number listed in the VA State Strategy.)

Secondary Objective _____
(list a secondary objective supporting the goal identified above. Report by the objective number listed in the VA State Strategy.)

Project Description (no more than 500 characters)

6. Project Detail: Select one project title from the following choices or chose "OTHER" and insert your own title.
Complete one form (2 pages for each project title chosen.)

- ☐ Assess vulnerability of and harden critical infrastructure
- ☐ Develop/enhance interoperable communications systems
- ☐ Enhance capability to support international border and waterway security
- ☐ Establish/enhance a terrorism intelligence early warning system, center or task force
- ☐ Establish/enhance a agro-terrorism preparedness capabilities
- ☐ Establish/enhance cyber security program
- ☐ Establish/enhance emergency operations center
- ☐ Establish/enhance explosive ordinance disposal units/bomb squad
- ☐ Establish/enhance public private emerging preparedness program
- ☐ Establish/enhance regional response teams
- ☐ Establish/enhance sustainable homeland security exercise program
- ☐ Establish/enhance homeland security training program
- ☐ Other (list your title) _____

7. Solution Area: Check the solution area that describes the strategy you will use to complete your project.

- ☐ Planning ☐ Organization ☐ Exercises ☐ Equipment ☐ Training

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Item No.	Solution Area	Item	Description	Cost Per Unit	Number of Units	Total Cost	For DCJS Use Only
__ of __	List solution area (planning, equipment, organization, training, exercises*)	List the item or service to be purchased.	Describe the item, or service by type, model and function.				MIPT APPROVED YES/NO Comments
Total this page:							

* List the solution area associated with the items or services to be purchased.

 Signature of Project Coordinator